

Date:				

NAME:				☐ Male	☐ Female	
Please Print:	Last	First	Middle Initial	<del></del>		
PRIMARY P	PHONE: ()_		DATE OF BIRTH: _			
				mm / dd / yy		
E-MAIL ADD		<del></del>			· · · · · · · · · · · · · · · · · · ·	
		vide if you would like faster libra = letter; 1 = number one; I = lo	ary notices) wercase "L", ( <i>clearly print</i> numbers	s and letters)		
MAILING AE	ODRESS:					
		Street Address		Apt. #		
	City	State	Zip			
PESIDENCI	E ADDRESS:					
If different than	mailing address)	Street Address	City	State	Zip	
Diagon allow	/ (list full name)				to pick	
	ng held for me.				to pick	
•	Ü					
	Last	First	Middle Initial			
PHONE: (	))		🗖 Called			
o you wan	t your child to ha	ve Internet Access on li	brary computers?	YES	NO	
			cies. I agree to be boun			
		n addition, I accept full es associated with its (	ll responsibility for all m	aterials chec	ked out o	
	_					
SIGNATURI	<b>=</b> :			<del> </del>		
ihrary Staff I Ise	- Only:					
<u></u>						
■ WDL Noter Re	aistration	Checkbook	WA State ID Other		_	
Patron Id	#	- CHECKDOOK	Bar Code #			
□Patron Id # □Resident □ Non-Resident			Regular Key			
	<u> </u>	2.00116	_ rogalal _ roy			
Staff Initials						

:\doc\forms\cardapplication Rev 3/07